S. No. 300
v. 10.48

FILED DEC 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41420

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5018 Registrar's No. 96

0020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitesville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Platte Tp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitesville 0020
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): David
c. (Last): Kinaman

4. DATE OF DEATH (Month) (Day) (Year): 12-9-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1-20-1865
9. AGE (In years last birthday): 87 — If under 1 year: Months 10, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fireman
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: David Kinaman
13b. MOTHER'S MAIDEN NAME: Elizabeth Mundis
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Robert Sanders Whitesville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown [illegible]
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 334X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Whitesville Andrew Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* Dec 9, 1952, *that I last saw the deceased alive on* 12/9/52, 19__, *and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Wilson MO
23b. ADDRESS: Rosendale Mo
23c. DATE SIGNED: 12/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-12-52
24c. NAME OF CEMETERY OR CREMATORY: Whitesville
24d. LOCATION (City, town, or county) (State): Whitesville Mo

DATE REC'D BY LOCAL REG.: 12-12-52
REGISTRAR'S SIGNATURE: [illegible] 2-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.